MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14788

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — McHenry MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mc Henry
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) William (Last) Edgar.

4. DATE OF DEATH: (Month) may (Day) 24 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 1, 1893

9. AGE last birthday: 55 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer

11. BIRTHPLACE (State or foreign country): McHenry, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Alexander Edgar

14. MOTHER'S MAIDEN NAME: Annie Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Sadie Edgar, McHenry, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

410 Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

928 (b) Mitral Insufficiency

(c) Bronchiectasis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastric Ulcer

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 46, to May 24, 1949, that I last saw the deceased alive on May 23, 1949, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

SIGNATURE L. F. Baumgartner (Degree or title) M D ADDRESS Oakland Md DATE SIGNED May 25 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE May 27/49 — NAME OF CEMETERY OR CREMATORY Thayerville Cemetery — LOCATION (City, town, or county) (State) Thayerville, Md.

DATE RECD BY LOCAL REG. 5/27/49 — REGISTRAR'S SIGNATURE Julia A Rowan

24. FUNERAL DIRECTOR Emroy D. Bolden — ADDRESS Oakland, Md.

RECEIVED
JUN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04789

CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident | LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident
STREET ADDRESS (If rural give location) Maryland

3. NAME OF DECEASED (Typo or Print): (First) William (Middle) Perry (Last) Frazee
4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: July 29 1866
9. AGE last birthday: 82 yrs. | If under 1 year: Months 9 Days 13 | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Garrett Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Addison Frazee
14. MOTHER'S MAIDEN NAME: Caroline Harden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Carl W. Frazee

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 4 hr. ?

334 838 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Artertosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Dementia — ?

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): No m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 11, 1949, to May 12, 1949, that I last saw the deceased alive on May 11, 1949, and that death occurred at 8:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. F. Story M.D. ADDRESS Friendsville Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 15-1949	Core Cemetery	Core. Md. May-16 49

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 17 49	Ethel Broadwater	H. B. Rishebarger	Addison. Pa

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MAY 19 1949
BUREAU V. S.

04790

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kiser Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) Shades Lane

3. NAME OF DECEASED (Type or Print) (First) Benjamin (Middle) (Last) Imes
4. DATE OF DEATH (Month) May 12, (Day) 1949 (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3/25/1871
9. AGE last birthday 78 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Aaron Imes
14. MOTHER'S MAIDEN NAME Olla Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. ----
17. INFORMANT Hafer Funeral Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebro Vascular Accident Left side paralysis

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Apr., 1949, to 12 May 1949 that I last saw the deceased alive on 11 May, 1949, and that death occurred at 8:15 A.m., from the causes and on the date stated above.

SIGNATURE Thomas Q. Lusby (Degree or title) M. D. ADDRESS Oakland, Md. DATE SIGNED 12 May 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/14/49
NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
LOCATION (City, town, or county) Cumberland, Md. (State)

DATE REC'D BY LOCAL REG. May 14/49
REGISTRAR'S SIGNATURE Julia A Rowan Local
24. FUNERAL DIRECTOR John Hafer
ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Mr. Hofer
Please obtain Lamery Hexlog
and return to me
Frank J

RECEIVED
JUN 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04791

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett — Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland | LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harland	Livingston	Jones.	May	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Oct. 25/1882	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Banker.	Terra Alta, W. Va.	U.S.A.

13. FATHER'S NAME: Scott T. Jones.

14. MOTHER'S MAIDEN NAME: Rheua Posten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. Harland Jones, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	One hour
422.2 Antecedent cause(s)		
938 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Heart Disease	5 Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 9, 1948, to May 28, 1949, that I last saw the deceased alive on May 28, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Andrew E. Mance	MD	Oakland Md	30 May 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	June 1/49	Terra Alta Cemetery	Terra Alta, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-31-49	Julia A. Rowan	Emory D. Golden	Oakland, Md.

VS. A15

RECEIVED
JUN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04792

CERTIFICATE OF DEATH

Reg. Dist. No. 161

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) JOSEPHINE (Last) MATHEWS

4. DATE OF DEATH: (Month) MAY (Day) 15 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: JAN 17, 1892

9. AGE last birthday: 57 yrs. If under 1 year: Months. 4 Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN LUCAS

14. MOTHER'S MAIDEN NAME: Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Joseph Mathews

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cebelral Hemorrhage	2 weeks
331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Essential Hypertension	10 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1948, to May 15 1949, that I last saw the deceased alive on April 27, 1949, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Milton Jeffers, MD. Friendsville, Md. May 16, 1949

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE May 17-49 NAME OF CEMETERY OR CREMATORY Blooming Rose LOCATION (City, town, or county) (State) Garrett Co Md

DATE REC'D BY LOCAL REG. May 17-1949 REGISTRAR'S SIGNATURE Kathryn Fike

24. FUNERAL DIRECTOR ADDRESS W H Savage Friendsville Md

RECEIVED
MAY 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04793

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Garret; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Maryland.; LENGTH OF STAY (in this place) since 1913; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) Winston (Last) McIntire.

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8/5/1902

9. AGE last birthday: 46 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Hardware Store

11. BIRTHPLACE (State or foreign country): Thomas, West Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles N. McIntire.

14. MOTHER'S MAIDEN NAME: Eva F. Poling.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-01-4248

17. INFORMANT: Charles Henry McIntire, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 6 wks.

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Heart Disease — 6 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 18 19 49, to May 24, 19 49, that I last saw the deceased alive on May 23, 19 49, and that death occurred at 5:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Andrew E. Chance MD Oakland Md 26 May 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 5/27/1949 — NAME OF CEMETERY OR CREMATORY: Oakland Cemetery — LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG. 5/27/49 — REGISTRAR'S SIGNATURE: Julia L. Rowan

24. FUNERAL DIRECTOR: Emory D. Bolden — ADDRESS: Oakland, Md.

RECEIVED
JUN 7 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04794

CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garett; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Grantsville Md
LENGTH OF STAY (in this place): 6 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Grantsville Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Roy (Middle) (Last) Mickey

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-17-1905

9. AGE last birthday: 43 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bayard W.Va

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Harry Mickey

14. MOTHER'S MAIDEN NAME: Eva Boing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-10-5409

17. INFORMANT: Mrs E.Irva Mickey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 11 hours

Antecedent cause(s)

420.1
94a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1949, to May 22 1949, that I last saw the deceased alive on May 22, 1949, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. R. Davis M.D. Grantsville Md May 24 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 5-25-1949 | NAME OF CEMETERY OR CREMATORY: Grantsville | LOCATION (City, town, or county) (State): Grantsville Md

DATE REC'D BY LOCAL REG.: May 24-49 | REGISTRAR'S SIGNATURE: Ethel Broadwater

24. FUNERAL DIRECTOR ADDRESS: Wm Wintsberg Grantsville Md

VS. A15

RECEIVED
MAY 27 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF AGE IS ON:
FILM No. G 120 JUN 17 1949

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04795

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland — LENGTH OF STAY (in this place) ----	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kights repair shop 2 mi. S W Oakland, Md.	STREET ADDRESS --- (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) John Frederick Nogel			4. DATE OF DEATH (Month) (Day) (Year) May 11, 1949		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 10/31/ 1889	9. AGE last birthday 59 ~~60~~ yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (State or foreign country) Penna.	12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME William Nogel		14. MOTHER'S MAIDEN NAME Prudence Jane Rohe			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 1st W. W.	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. John F. Nogel			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Myocardial Failure

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Due to Coronary Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. J. Baumgartner	M.D.	25 Alder St - Oakland Md	May 11-1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5/14/49	NAME OF CEMETERY OR CREMATORY I. O. O. F. Cemetery	LOCATION (City, town, or county) (State) Elk Garden, W. Va.
DATE REC'D BY LOCAL REG. May 14/49	REGISTRAR'S SIGNATURE Julia A Rowan Local	24. FUNERAL DIRECTOR Herbert C. Leighton	ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

Mr. Loughton please get Service Record No.
Also family History.

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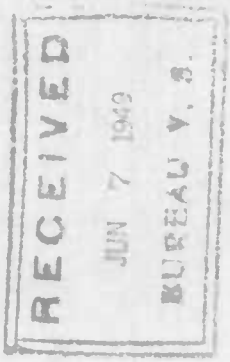
JUN 7 1949
BUREAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04796

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Garrett — Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland | LENGTH OF STAY (In this place): Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	BERTHA	Alice	PLATTER		MAY	29	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	2/5/1881	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mt. Zion, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Hermand,
14. MOTHER'S MAIDEN NAME: Agnes Cogley.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Pearl Beavers, Piedmont, W. Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
971	Immediate cause	(a) Gunshot wounds of left chest and abdomen with Penetrating lungs & viscera - Hemorrhage	5 minutes
166	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN): Oakland (COUNTY): Garrett (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): May 29-1949 6:15 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY occur? Shot by Son-in-law - Andrew James Wolfe

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Ivy Baumgartner	M D	Oakland Md	May 29-1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 31/49	Bittinger Cemetery	Bittinger, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 31, 1949	Julia A. Rowan	Emroy D. Bolden, Oakland, Md	

VS. A15A

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JUN 7 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04797

Reg. Dist. No. 172

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-KITZMILLER
LENGTH OF STAY (In this place) 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3½ Miles West on St.Rt.38

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL- KITZMILLER
STREET ADDRESS (If rural, give location) 3½Mi. West Of State R. 38

3. NAME OF DECEASED (Type or Print): (First) Elsie (Middle) Myrtle (Last) Shaffer

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed.

8. DATE OF BIRTH: July 3,1882

9. AGE last birthday: 66 yrs. If under 1 year: Months 9 Days 29 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Elk Garden, W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George William Barrick

14. MOTHER'S MAIDEN NAME: Mary Kathryn Hoovercamp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Miss Bessie Shaffer, Elk Garden, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocarditis	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	15 yrs.
331 930	(c) Cerebral hemorrage with right sided paralysis	2 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1939, to May 2, 1949, that I last saw the deceased alive on May 2, 1949, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ralph Calandrella M.D. Kitzmiller Md May 3-49

23. BURIAL, CREMATION (Specify) Burial | DATE THEREOF 5/5/49 | NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery | LOCATION (City, town, or county) (State) Elk Garden, W.Va.

DATE REC'D BY LOCAL REG. 5/2/49 | REGISTRAR'S SIGNATURE C.W. Barrick

24. FUNERAL DIRECTOR Otha F. Sharpless, Blaine, W.Va. ADDRESS

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MAY 7 1949
BUREAU V. S.

04798

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 172

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Swanton
LENGTH OF STAY (in this place) 68 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R#3- Mt.Zion

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Swanton
STREET ADDRESS (If rural, give location) R#3- Mt.Zion

3. NAME OF DECEASED (Type or Print) (First) Grover (Middle) Cleveland (Last) Sharpless
4. DATE OF DEATH (Month) May (Day) 28 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Dec.28,1885
9. AGE last birthday 63 yrs. If under 1 year Months 5 Days 6 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Mt.Zion,Garrett Co.,Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Francis R. Sharpless
14. MOTHER'S MAIDEN NAME Elizabeth Fulmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT O.W. Tasker,R#3,Swanton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis

332 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83 b (c)

INTERVAL BETWEEN ONSET AND DEATH: 2 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/28, 1949, to 5/28, 1949, that I last saw the deceased alive on 5/28, 1949, and that death occurred at 12 Noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R W Reeves MD
ADDRESS Westernport Md
DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 31/49
NAME OF CEMETERY OR CREMATORY Sharpless Cemetery
LOCATION (City, town, or county) (State) Mt.Zion,GarrettCo.,Md.

DATE REC'D BY LOCAL REG. May 30
REGISTRAR'S SIGNATURE A W Barrick
24. FUNERAL DIRECTOR ADDRESS Otha F. Sharpless, Blaine, W.Va.

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JUN 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04799

CERTIFICATE OF DEATH

Reg. Dist. No. 171

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bittinger — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bittinger
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HARVEY	(NO MIDDLE NAME)	STARK	May	20	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	May 5, 1881	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	none	Bittinger, Md.	U.S.

13. FATHER'S NAME John Stark

14. MOTHER'S MAIDEN NAME Anna Elizabeth Bittinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	214-12-3213	Marvin Beitzel, Bittinger Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardio-vascular disease — 1-2 yrs.

443 / 934 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) decompensated heart - 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchitis (12 May 49)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 20 Nov., 19 48, to 20 May, 19 49 that I last saw the deceased alive on 15 May, 19 49 and that death occurred at 12:20 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas F. Lusby	M. D.	Oakland, Md.	20 May 49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 23, 1949	Bittinger, Md.	Bittinger,	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 21, 1949	J. S. Emory R.	Wm Winterlin	Grantsville Md

VS. A15

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MAY 26 1949
BUREAU V. S.

Dr. Davis
048111

Evidence for change of birth date is on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 120 JUN 15 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Garrett — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Finzel
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Finzel
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) MARY BELLE (Middle) (Last) WERNER

4. DATE OF DEATH: (Month) May (Day) 31, (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 2-7-1856

9. AGE last birthday: 93 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Berlin, Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jack Stoner

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Milton Warner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Congestive Heart failure — Interval between onset and death:

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to 31 May, 1949, that I last saw the deceased alive on 30 May, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE: John B. Davis (Degree or title) M.D. ADDRESS: Frostburg Md DATE SIGNED: 6/2/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 6/3/49 — NAME OF CEMETERY OR CREMATORY: Greenville Cemetery — LOCATION (City, town, or county): Greenville, (State): Pa.

DATE REC'D BY LOCAL REG.: June 2-1949 — REGISTRAR'S SIGNATURE: Mrs Julia M Michael

24. FUNERAL DIRECTOR: J. R. Durst, — ADDRESS: Frostburg, Md.

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JUN 6 1949
BUREAU V. S.

04801

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 4th Street

3. NAME OF DECEASED (Type or Print) (First) ANDREW (Middle) James (Last) WOLF
4. DATE OF DEATH (Month) MAY (Day) 29 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 9 1903
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Miner
11. BIRTHPLACE (State or foreign country) Oakland, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Fredlen Wolf.
14. MOTHER'S MAIDEN NAME Mrs. Mollie Wolf.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-09-4238
17. INFORMANT William Wolf, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gun shot wound of head-with
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Distruction of brain tissue & hemorrhage
(c)

976
164c

INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Mother-in-laws house (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) May 29 1949 6:45 m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Shot self

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE E. Jay Baumgartner (Degree or title) M D ADDRESS Oakland Md DATE SIGNED May 29-1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 1st/49
NAME OF CEMETERY OR CREMATORY Oakland Cemetery
LOCATION (City, town, or county) Oakland, Md. (State)

DATE REC'D BY LOCAL REG. 6/1/49
REGISTRAR'S SIGNATURE Julia A. Rowan
24. FUNERAL DIRECTOR Emroy D. Bolden ADDRESS Oakland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Destruction of brain tissue

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JUN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04802

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Garett
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grantsville
LENGTH OF STAY (in this place): 8. Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grantsville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Cora (Middle) Ellen (Last) Younkin

4. DATE OF DEATH: (Month) May (Day) I4 (Year) 1949

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: I-I0-I879

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Grantsville Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Cyrus Younkin

14. MOTHER'S MAIDEN NAME: Juliann Firrel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs May Messersmith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pernicious Anemia — Interval Between Onset and Death: 2 yrs

290.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 73a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1949, to May 14, 1949, that I last saw the deceased alive on May 13, 1949, and that death occurred at I2-20a m., from the causes and on the date stated above.

SIGNATURE: W. R. Davis (Degree or title) M.D. ADDRESS: Grantsville Md DATE SIGNED: May 14 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: May I6.49

NAME OF CEMETERY OR CREMATORY: Grantsville

LOCATION (City, town, or county) (State): Grantsville Md

DATE REC'D BY LOCAL REG.: May 15 49

REGISTRAR'S SIGNATURE: Ethel Broadwater

24. FUNERAL DIRECTOR: Wm Winters ADDRESS: Grantsville Md

RECEIVED
MAY 17 1949
BUREAU V. S.